

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027684

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 62

FILED AUG 10 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Lexington

Length of stay in lb

40 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 9th & Main St.

Inside Limits

Yes ☒ No ☐

c. CITY
OR
TOWN Dover

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

2mi - East side

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
EARL

Middle
LUTHER

Last
SMALLEY

4. DATE
OF
DEATH

Month
July

Day
27

Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

April 12 1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Gape Fair, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Francis Marion Smalley

13b. MOTHER'S MAIDEN NAME

Ida Robison

14. NAME OF HUSBAND OR WIFE

Olive Kingsland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

H.A. Mr. Jack R. Smalley Killeen, Texas.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIO VASCULAR RENAL DISEASE

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 7-27-62 and last saw him alive on 7/21/62

Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

WAVERLY, MISSOURI

22c. DATE SIGNED

7/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-31-62

23c. NAME OF CEMETERY OR CREMATORY

Dover Cemetery

23d. LOCATION (City, town, or county)

Dover, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker Lexington, Mo.

25. DATE RECD. BY LOCAL REG.

7-31-62

26. REGISTRAR'S SIGNATURE

[Signature]

VS. AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.